

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000134563

1. Entity Name
NEWBERRY TILE & MARBLE INSTALLATION, INC.



Principal Place of Business
**1861 EXMORE AVE.
DELTONA, FL 32725**

Mailing Address
**1861 EXMORE AVE.
DELTONA, FL 32725**



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3730579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**NEWBERRY, GREG L
1861 EXMORE AVE.
DELTONA, FL 32725**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000865788
04/08/08-80002-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWBERRY, GREG L
STREET ADDRESS	1861 EXMORE AVE.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	V
NAME	NEWBERRY, LINDA
STREET ADDRESS	1861 EXMORE AVE.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	S
NAME	NEWBERRY, SHAWN
STREET ADDRESS	1861 EXMORE AVE.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	NEWBERRY, HEATHER
STREET ADDRESS	1861 EXMORE AVE.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Newberry V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA NEWBERRY

3-18-2008

386-789-1062

Date

Daytime Phone #